



RCE
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U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 1662/53606	APPLICATION SERIAL NO. 10/758,026	EXAMINER Kamal A. Saeed	ART UNIT 1626
INVENTOR: Hildesheim, et al.			
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Date: <u>12/21/05</u> Signature: <u>Agnes Xu</u></p></div>	
SIR:			
This is a Request for Continued Examination under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 10/758,026 , filed on January 16, 2004 , entitled CARVEDILOL .			
The following constitute the submission required by 37 C.F.R. § 1.114(a) and is attached:			
<input checked="" type="checkbox"/> Amendment			
<input type="checkbox"/> Information Disclosure Statement and Form PTO-1449			
<input type="checkbox"/> Drawing Changes			
<input type="checkbox"/> Other Submission			

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	6		21	0	50.00	0.00
INDEPENDENT CLAIMS	1		3	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					360.00	0.00
				*Number extra must be zero or larger	TOTAL	0.00
	If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.					SMALL ENTITY
						TOTAL 790.00

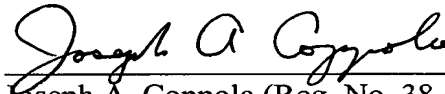
12/28/2005 CCHAU1 00000125 110600 10758026

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2. Please charge the required RCE and submission filing fee and additional claims fee of **\$790.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. The Commissioner is also hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Dated: December 21, 2005

By: Respectfully submitted,



Joseph A. Coppola (Reg. No. 38,413)

KENYON & KENYON

One Broadway

New York, N.Y. 10004

(212) 425-7200 (telephone)

(212) 425-5288 (facsimile)

CUSTOMER NO. 26646